



(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT)

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Title: ESD IMPLANT FOLLOWING SPACER DEPOSITION the specification of which (a) X is attached hereto. (b) ___ was filed on ____ as __ Serial No. 0 /___ or Express Mail No. ____ , as Serial No. not yet known, and was amended on ____ (if applicable). (c) ____ was described and claimed in PCT International Application No. _____ on _____ and amended under PCT Article 19 on _____ I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations §1.56(a). PRIORITY CLAIM I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed. (d) X no such applications have been filed. (e) ____ such applications have been filed as follows. This application is a (a) ____ continuation (b) ____ continuation-in-part (c) ____ divisional of co-pending application _application serial number _____ filed on _____.
_International Application serial number _____ filed on _____ and which designated the U.S. EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION COUNTRY APPLICATION NUMBER DATE OF FILING (day, month, year) ___ Yes ___ No ____ Yes ___ No ___ Yes ___ No

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION



POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

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The undersigned to this declaration and power of attorney hereby authorizes the U.S. attorney(s) named herein to accept and follow instructions from

Name(s) of authorized representative(s)	•
Address	

as to any actions to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney(s) and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. attorney(s) will be so notified by the undersigned.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued therein.

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	CHEC	CK FOR ANY OF THE FOLLOWIN	NG ADDED PAGE(S) WHICH			
FORM A PART OF THIS DECLARATION						
	Signature for subsequent joint inventors. Number of pages added					
	Added page to combined declaration and power of attorney for divisional, continuation, or					
	continuation-in-part (CIP) application.					
<u>X</u>	This declaration ends with this page.					

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